BALLARD COUNTY SCHOOLS

2025-26 (effective 10/1/25)

TRAVEL REIMBURSEMENT

NAME **VENDOR#**

ADDRESS

PURPOSE AND LOCATION

DATE OF OVERNIGHT STAY	DAY OF TRAVEL ___/___/___	2ND NIGHT STAY ___/___/___	3RD NIGHT STAY ___/___/___	4TH NIGHT STAY ___/___/___	5TH NIGHT STAY ___/___/___	RETURN DAY ___/___/___	TOTAL	
Breakfast							0	
Lunch							0	
Dinner							0	
TOTAL MEALS*							0	LINE 1
ROOM COST							0	LINE 2
REGISTRATION FEE							0	LINE 3
PARKING							0	LINE 4
MISC.							0	LINE 5
SUBTOTALS	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	LINE 6 = (LINE 1-5)

RECEIPTS ARE REQUIRED FOR ALL REIMBURSEMENTS. DAILY FOOD ALLOWANCE INCLUDES TIP AMOUNT.
DAY OF TRAVEL IS FIRST NIGHT'S STAY.

***REASONABLE EXPENSE ON DAYS OF MEETING AND TRAVEL IS CONSIDERED TO BE $50.00.**

MILEAGE							0	LINE 7
TOTAL MILES (LINE 7) X 43 CENTS PER MILE **(EFFECTIVE 7-1-25)**							$ -	LINE 8
TOTAL TO BE REIMBURSED							$0.00	LINE 9 = LINE 6 + 8
PAY FROM MUNIS CODE:								

SIGNATURE **DATE**

APPROVED BY **DATE**